

AFFIDAVIT OF HEIRSHIP GUIDELINES

PLEASE USE THE FOLLOWING GUIDELINES TO ENSURE THE AFFIDAVIT OF HEIRSHIP IS COMPLETED CORRECTLY.

- 1. The Affidavit of Heirship CANNOT be filled out by any party who stands to benefit from the Estate. Please refer to your attorney, CPA, other family members, family friend or acquaintance to complete the Affidavit.
- 2. Once the Affidavit of Heirship is completed, choose TWO PEOPLE who are familiar with the deceased's family and marital history AND who do not stand to inherit from the deceased. These individuals should read through the completed Affidavit and, if they agree that the information is correct, sign the document before a Notary Public.
- 3. All signatures in the Affidavit MUST be notarized.
- 4. The Affidavit MUST be recorded in the county where the wells are located. Call the county clerk's office to inquire about the recording cost of the Affidavit. Remember to enclose your check with the Affidavit.
- 5. Make sure to include the appropriate legal description for recording if required by the state. Confirm with the county clerk's office the necessary requirements.
- 6. Keep copies of Affidavits and legal documents for your records.
- 7. Send Montare Operating, Ltd. a copy of the recorded Affidavit, including a legible recorder's stamp, along with any other necessary documentation.

PLEASE BE AWARE OF THE FOLLLOWING

- 1. A recorded Affidavit is required if a Will is not being probated.
- 2. A recorded Affidavit is required if there is no Will.
- 3. If the decedent died with a Will and it will be probated, an Affidavit of Heirship cannot be used to transfer interest. Please see the INSTRUCTIONS FOR CHANGE OF OWNERSHIP LETTER.
- 4. An Affidavit must be filled out by two, disinterested third parties. Or in other words, there must be "two Affidavits for one Estate."
- The interest will then be transferred according to the Laws of Descent and Distribution by the State where theproperties are located.
- 6. If any heirs of the decedent are deceased, a separate Affidavit of Heirship will be required for each heir.
- 7. If more space is needed to adequately supply the information requested, please attach a separate sheet of paper.

Once the requested documentation has been obtained, please forward the information to the following address:

Montare Operating, Ltd.
ATTN: Land Department

777 International Parkway, Suite 100
Flower Mound, Texas 75022

Please allow 3 - 5 weeks for our system to be updated with your current information.

Any instructions provided by Montare Operating, Ltd. are provided for informational purposes only and are based on Montare Operating, Ltd. customary documentation and policy requirements. Documentation and policy requirements may differ based on the facts of each matter. No information or instructions provided by Montare Operating, Ltd. constitutes or should be construed as legal advice. You are encouraged to seek advice from a licensed attorney of your own choosing. Montare Operating, Ltd. shall not be responsible for your use of or reliance on any instructions or information provided by Montare Operating, Ltd. and you hereby release Montare Operating, Ltd. from all such liability and hereby assume any and all risks associated therewith.

Call 469-993-1961, or email royalty.owners@montare-resources.com, for any comments or questions.

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

AFFIDAVIT OF HEIRSHIP

STATE OF COMPANY USE ONLY) COUNTY OF COMPANY USE ONLY)		_ §		KNOW P	KNOW BY ALL THESE PRESENTS:	
		_ §		KNOW B		
BEFO	RE ME ffiant")	. the undersigne	d authority, on the be a credible and and says:	is day personally I reputable person	appeared, and being of la	wful age, who after first being
1)	him/he	t states that Af	fyears.	nally acquainted (DECEDEN' , and bearing the	with informatio Γ), during his/ho following relation	n concerning the Estate of er lifetime, having known onship to said decedent, as a
2)	and the	e statements her		on the personal ki	nowledge of the	near relatives, of the Decedent, Affiant, and to the best of the
3)	The De State of his/her	ecedent departed death.	this life at, on or ab	inin	, being	County/Parish, of theyears old at the date of
4)			at the time of his		situated in	
5)	The lar	nd described abo	ove <u>was / was not</u>	occupied as the h	omestead of the	Decedent (circle one).
6)	The land described above <u>is / is not</u> now occupied as the homestead of the Decedent's surviving <u>husband / wife</u> (circle one).					
7)	The lar	nd described abo	ove <u>was / was not</u>	owned as commu	inity property (ci	rcle one).
8)	The lar	nd described abo	ove <u>is / is not</u> now	owned as commu	unity property (ci	rcle one).
9)	The De	ecedent <u>did / did</u>	I not die with a w	ritten Will (if yes	, attach a copy th	ereof) (circle one).
	a.	in the State wh	ere the above desc	cribed land is situa	ated (circle one).	to probated, or filed of record, Where was Will first admitted state and in which court it is
	b.					probate, the family and/or the he Will to be probated (circle

10) There is / There is not any administration knowledge, the Decedent left no debtation.			
11) Provide the following information the	Decedent's marital l	nistory:	
NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
12) Provide the following information on	the Decedent's natur	al born and adopted childre	en:
NAME OF CHILD / CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF DEATH
13) Provide the following information on Item 12 above:	the Decedent's grand	lchildren, born only to the d	leceased children
NAME OF CHILD / CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT	DATE OF DEATH
	1	Í	1

DECEDENT'S PARENTS	PARENT'S NAME / CURRENT ADDRESS			DATE OF DEATH
MOTHER				
FATHER				
15) Provide the following info	ormation on th	e Decedent's broth	ners and/or sisters:	
NAME OF SIBLING / CURRENT ADDRESS		DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF DEATH
16) Provide the following information brothers and/or sisters in I	ormation on t	he Decedent's nied	ces and/or nephews born on	lly to the deceased
NAME OF NIECE OR N CURRENT ADDR		DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF DEATH

14) If the Decedent never married and did not have any children, provide the following information on the Decedent's parents:

17) Further Affiant sayeth not.		
Executed thisday of	··	
AFFIANT:		
(Signature)		
(Print)		
	ACKNOWLEDGEMENT	
STATE OF §		
STATE OF		
This instrument was acknowled	ged before me on theday of,	by
	Notary Public State of My commission expires:	